

Membership Guidelines & Information

***This form is for members to keep**

Total Health Wellness Center
Shelby County Government
160 N. Main
4th floor
Memphis, TN 38103

HOURS OF OPERATION

Monday – Friday
6am - 7pm

*Closed on all official Shelby County Government holidays

STAFF

Elyse Lovelace, Wellness Coordinator, elyse.lovelace@shelbycountyttn.gov 901-222-2345

MEMBERSHIP

The onsite wellness and fitness center is available for use by Shelby County Government employees:

- Full time and part time employees
- Temporary Employees
- Interns (If over the age of 18)
- Retirees

MEMBERSHIP GUIDELINES

Membership is required for use of the wellness and fitness center. Every individual is required to complete the Wellness Center Registration Form. The form shall be retained on file by the Wellness Coordinator.

- Members are to be respectful to one another.
- No horseplay is permitted. Disorderly conduct is prohibited.
- Members are asked to sign in at the wellness and fitness center every time the room is used.
- Proper attire for physical activity must be worn at all times, which includes t-shirts, shorts, sneakers, leotards or tights. Athletic clothing must cover the midsection and chest. Clean closed toed athletic footwear is required. No sandals, flip flops, boots, heels, crocs are allowed. No jeans, belts, keys, or any clothing that may cause damage to upholstery may be worn. Clothing with vulgar messages are prohibited.
- Members are asked to bring their own towels for showers or other usage.
- Members shall wipe each machine clean of perspiration after each use. Bottles of sanitizing solution and paper towels are also available for use.
- Members are asked not to misuse or mistreat the equipment. Exercise equipment should be used according to its intended purpose and design. Please observe signs posted on these machines. If a piece of equipment does not work properly, please stop using it and notify the Wellness Coordinator immediately.
- Food and gum are prohibited in exercise areas. Only water in plastic water bottles with spill-proof caps is allowed (no glass).

- Strength training equipment is used on a first-come, first-served basis. You may not reserve a piece of equipment for a specific time period.
- During peak hours cardiovascular equipment (bikes, treadmills, elliptical machines) shall be limited to 30 minutes. Peak hours are from 11a-1p and 4p-6p.
- Cell phones are prohibited on the exercise floor. If you must use your phone, please do so outside the fitness center.
- The Wellness center is monitored through security cameras. For your protection, any accident or incident must be reported immediately to the Wellness Coordinator.
- An emergency phone is located at the room entrance to contact the Shelby County Sheriff's department in case of an emergency.

SHOWERS & LOCKERS

- Showers and changing areas are available at both the men's and women's bathrooms located near the wellness and fitness center.
- Members shall bring their own towels and toiletries.
- Members are asked to limit time in showers to allow for others' use.
- Please respect others by cleaning up after yourself in the locker rooms.
- Shelby County Government is not responsible for lost, stolen or damaged personal property.
- Any personal items left in the locker rooms, or fitness facility floor will be placed in the "lost and found". Items will be kept until the end of the month and then thrown out.
- No items are to be left overnight in lockers.

CLEANING & MAINTENANCE

- All wellness center equipment is on a monthly preventative maintenance schedule.
- The Wellness center is inspected on a monthly basis to detect and promptly correct any hazards or unsafe conditions.
- The Wellness center is on a routine cleaning schedule.
- Please report any equipment that is damaged or in need of repair to the Wellness Coordinator.

*If any membership rules are violated, the member forfeits his/her membership, under the discretion of the Wellness Coordinator.

FACILITY ACCESS

The hours of operation for the fitness facility are from 6am – 7pm. No one is allowed access to the facility other than during the hours prescribed. Only those given access from the Fitness Facility Manager will be allowed gym usage. To access the facility, you must use your County issued proxy card at the front entrance. If you work at another Shelby County Government location with a different County ID other than what is pictured below, you must have an ID card made. To have your ID card made, you must go to HR at 160 N. Main 7th floor, between the hours of 8a-11a or 1:30p-3:30p M-F. Please be aware that it may take up to 48 hours to process your ID for full access. You may visit the fitness center during the supervised hours until your ID card is granted access.

The wellness facility closes at 7pm. All members must be out of the facility at that time.

Shelby County Government is not responsible for any lost, stolen, or damaged ID cards. All replacement ID cards are \$7 dollars and must be paid in cash only.

SHELBY COUNTY GOVERNMENT
TOTAL HEALTH WELLNESS CENTER REGISTRATION FORM
***return this form to Elyse Lovelace, Wellness Coordinator**

First Name: _____ Last Name: _____

Proxy ID Card #: _____ Gender: ☐ Female ☐ Male

DOB (M/D/YR): _____

Employee #: _____ Job Title: _____

Work Location: _____

Department: _____

Email: _____

Home or Cell Number: _____ Work Number: _____

Emergency Contact Name: _____

Emergency Contact PH# _____

I have received a copy of the Total Health Wellness Center's Membership Information and Guidelines. I understand and agree to all terms listed. I also understand that my membership may be revoked for any violation, under the discretion of the Wellness Coordinator.

Sign

Date

PERSONAL HEALTH GOALS

Consider your own health goals check the goals that are important to you.

- ☐ Improve strength
- ☐ Gain weight/muscle
- ☐ Increase energy
- ☐ Improve flexibility
- ☐ Improve muscle tone and shape
- ☐ Injury prevention
- ☐ Improve cardiovascular fitness
- ☐ Lose weight/inches (circle one or both)
- ☐ Reduce stress
- ☐ Continue to rehabilitate injury

Facility Agreement for Shelby County

Government Office Exercise Facility

I, _____, do hereby state and acknowledge that I am an employee of Shelby County Government. By my signature below, I hereby agree and acknowledge that Shelby County Government has an exercise facility at 160 N. Main, Memphis, TN for the exclusive use of specifically designated employees categories of Shelby County Government.

I further state and acknowledge that I agree to utilize the exercise facility, on my own personal time, and upon the terms and conditions set forth below.

1. The exercise facility is intended for the exclusive use of authorized employees only. An authorized employee shall mean any adult (over the age of 18) employee of Shelby County Government who has executed this agreement and whose rights to use the facility have not been terminated.
2. Employees assume all responsibility for any loss, damage, or theft of any personal or governmental property from the exercise facility or parking lot.
3. The exercise facility is an unsupervised and an unattended facility, and the use of any equipment is strictly at the employee's own risk.
4. Employees shall abide by the rules and regulations of the exercise facility, which are incorporated herein by this reference. Said rules and regulations may be amended or modified by the Administrator of Human Resources or designee at any time. Effective notice and delivery of such change shall be accomplished by posting in a conspicuous location in the exercise facility and/or email. By executing this agreement, the employee acknowledges that he/she has received a copy of the rules and regulations that he/she has read and understands them and agrees to abide by them without exception.
5. There shall not be any fitness and exercise classes at the exercise facility without prior written approval from the Administrator of Human Resources or designee.
6. I hereby confirm that I am in good health and know of no reason why I should not utilize the exercise facility. I further acknowledge and agree that weight training and/or physical exercise without a thorough physical examination and my physician's approval of the planned exercise regimen could be dangerous and should be avoided.
7. Employees' rights to the use of the exercise facility are subject to cancellation at any time at the discretion of the Administrator of Human Resources or designee and immediately upon the employee's separation of employment if other than retirement.
8. I confirm that my use of the exercise facility is wholly voluntary, and that I have not been required to utilize the facility, expressly, or impliedly, by the Shelby County Government, or any elected officials, officers, employees, agents, or representatives thereof.
9. I hereby state and acknowledge that as an employee of Shelby County Government, I am governed by Shelby County Government's On-the-Job Injury Policy, and further acknowledge and agree that said policy specifically excludes from coverage the voluntary participation in physical fitness or recreational activities, whether during working hours or during my off-duty hours, including but not limited to, injuries and/or losses that I may suffer and/or sustain while voluntarily utilizing the exercise facility.
10. Employees' failure to abide by this agreement and all rules and regulations contained herein shall result in the immediate termination of his/her right to use the exercise facility.

It is suggested that employee/participant maintain personal health, accident, and property insurance policies. If you are injured or your property, including your vehicle, is stolen or damaged, you should report said occurrences to your personal insurance carrier for consideration. **Shelby County Government does not provide accident, theft or damage insurance that would respond to injuries, illnesses, accidents, stolen or damaged property as a result of any occurrence on the premises in connection with the use of the exercise facility.**

Exercise Facility Release and Assumption of Risk Agreement

In consideration of being permitted to utilize the facilities and equipment of the Shelby County Government's Exercise Facility, I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the use of such facilities and equipment do hereby agree to assume all the risks and responsibilities surrounding my voluntary use of such facilities and equipment; and further, I do for myself, my heirs and personal representatives hereby agree to hold harmless, release, and forever discharge Shelby County Government and all its elected officials, officers, employees, agents, assigns, and instrumentalities, or any representatives, officers, agents, and employees thereof, from and against any and all claims, demands, and actions, or causes of action on account of damage to personal property, or personal injury, or death which may result from my voluntary use of such facilities and equipment.

In witness whereof, I have caused this Release and Assumption of Risk Agreement to be executed this _____ day of _____, 20____.

Understood, Agreed, and Accepted:

Employee (Print name and contact number)

Signature

Date

Emergency contact and telephone number

Employer

Supervisor name and contact number

Witness

Date